



Unannounced Care Inspection Report 7 October 2018



Mertoun Park

Type of Service: Residential Care Home
**Address: 17 Orchard Court, Knocknagoney, Holywood,
BT18 9QE**
Tel No: 028 9504 0588
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight places that provides a respite service with care and accommodation for adults with a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager: Arlene Kerr
Person in charge at the time of inspection: Lisa Lawrenson, Senior Support Worker until 13.00 and Arlene Kerr, Manager thereafter	Date manager registered: Acting – no application required
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 7 October 2018 from 11.45 to 17.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found including, training, supervision, appraisal, activities, listening to and valuing residents, taking account of the views of residents and quality improvement.

Areas requiring improvement were identified in regard to the number of senior support staff employed in the home, the design of two identified showers to meet the needs of residents, fire safety and care planning.

Residents said that they had good relationships with staff, that they enjoyed the food and the activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Arlene Kerr, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 12 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, three residents and two care staff. Following the inspection the inspector spoke with Anne Campbell, Operations Manager.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Seven questionnaires were returned by one resident's representative and six staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and matrix
- Two staff files
- Two residents' care files
- The home's Statement of Purpose
- Minutes of a meeting to manage archived records dated July 2017
- Minutes of staff meetings
- Complaints and compliments records
- A range of audits
- Accident, incident, notifiable event records
- Annual Quality Review report dated 23 July 2018
- Minutes of recent residents' meetings

- Reports of visits by the registered provider
- Fire safety risk assessment July 2017
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 March 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 March 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home for band 3 support staff; the manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

Whilst no concerns were raised regarding staffing levels during discussion with residents and staff, staff did express concerns regarding the sufficiency of the number of senior support workers employed in the home to adequately cover all required shifts. Discussion with the manager, staff and review of the duty rota confirmed that the homes' band 5 senior support staff were undertaking additional shifts to cover gaps on the rota. Staff described the amount of extra shifts they have had to cover and the impact upon them. Staff reported that they needed one more senior support worker employed in the home to cover all shifts. This was discussed with the operations manager following the inspection; an area of improvement was identified to comply with the regulations.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff, a review of staff files and a training matrix and schedule confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided.

Discussion with the manager and review of two staff files confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The manager reported that an email from the personnel department is retained in staff files confirming this. A review of two staff files identified that one file did not contain this email; the manager gave assurances to locate the email and place in the file.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

The manager reported that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The manager advised there were restrictive practices within the home, notably the locked front door, the use of lap belts and individual auditory monitors. In the care records examined the restriction in regard to the locked front door was not appropriately documented; the manager gave assurances to address immediately.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. The manager confirmed that behaviour management plans were devised by specialist behaviour management teams from the trust and regularly updated and reviewed as necessary. The manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The Falls Prevention Toolkit was discussed with the manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised, some more than others, with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion took place with the manager in regard to the provision of bedroom accessories such as pictures on the bedroom walls of rooms used for respite at present. The manager reported that there were spare pictures in the home and that these would be hung without delay.

Discussion with staff and a review of staff questionnaires identified a number of issues in regard to the design and suitability of two showers in the home to meet resident's needs during showering and the provision of an identified toilet for staff and visitors. The manager reported that she had requested an occupational therapy assessment of the shower facilities; an area for improvement has been made to comply with the standards. Following the inspection, this was discussed with the RQIA premises inspector who advised that the home could contact him, if required and this was shared with the operations manager. The operations manager stated that there is an identified toilet on the ground floor for use by staff and visitors.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, were largely suitable for and accessible to residents, staff and visitors. One hazard to the health and safety of residents, visitors and staff was identified in regard to a fire door being wedged open; an area of improvement has been made to comply with the regulations.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The most recent fire risk assessment available in the home had been completed on 16 August 2017. The manager reported that an up to date fire risk assessment had been completed on 13 August 2018; the report had not been received by the home at the time of the inspection. The manager subsequently reported that the recommendations were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire alarm systems and means of escape were checked weekly and were regularly maintained. However, monthly checks of fire-fighting equipment and emergency lighting had not been completed during the months of May and June 2018; this area of improvement was included in the area for improvement made in regard to fire safety. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff and a resident spoken with during the inspection made the following comments:

- “We have a good selection of trust bank (staff) and we are staffed okay.” (staff)
- “We have four senior support workers and maybe need another one to cover annual leave and sickness.” (staff)
- “We get reminders (to complete training) and I look on the hub for other courses and Arlene tells us about others on offer.” (staff)
- “There is enough (staff to provide assistance when needed).” (resident)

Seven completed questionnaires were returned to RQIA from a resident’s representative and staff. Three staff and one resident’s representative described their level of satisfaction with this aspect of care as very satisfied; the remaining three staff described their level of satisfaction as satisfied, undecided and unsatisfied.

Comments made by staff were shared with the operations manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and supervision and appraisal.

Areas for improvement

Three areas for improvement were identified in regard to the sufficiency of numbers of senior support staff employed in the home, the design of two identified showers to meet the needs of residents and in regard to fire doors being wedged open and the consistent completion of fire-fighting equipment and emergency lighting checks.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager and staff and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). There was a large volume of boxes of records being stored temporarily in the manager’s office upstairs. The manager reported that a process had been in place and some records had been removed. A review of minutes of a meeting on 17 July 2018 evidenced that

progress had been made. The manager gave assurances that she would ensure that she would follow up from the last meeting to ensure that a schedule for the removal of these records was prioritised; fire safety was discussed. Following the inspection, the operations manager reported that these records would be removed by the end of November 2018.

A review of two care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Review of care records and discussion with the manager identified that there were no assessments or care plans in place for the identification and management of residents' pain and discomfort or of residents' weight; an area of improvement was identified to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, the manager reported that whenever possible, when respite is being booked, consideration is given to matching residents who get on well together. Staff explained how the needs and preferences of residents and the compatibility of residents are considered when organising trips out to support positive outcomes; any learning is shared and used to inform the planning of future outings. This is to be commended.

Review of returned staff questionnaires identified that a number of staff expressed concerns in regard to the management of night checks for residents. Concerns raised were in regard to some residents not able to give informed consent for these checks; lack of clarity in regard to how the checks are to be conducted and concerns in regard to the disturbance caused to residents sleeping while conducting night checks and the subsequent impact on a residents' health and behaviour as a consequence; an area for improvement was identified to comply with the standards. These concerns were shared with the operations manager following the inspection.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, IPC and training were undertaken. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- “It’s a happy staff team, we all work well together. (Handovers) are thorough, they go through everyone.....we are all included.”
- “(Communication about estates issues for example) could be clearer and more detail in emails.”
- “We are all asked our opinions.”
- “(A resident’s brother) came and we talked to him.”
- “We share what we have learned at handover.”

Seven completed questionnaires were returned to RQIA from a resident’s representative and staff. One resident’s representative and one staff described their level of satisfaction with this aspect of care as very satisfied, one staff responded as satisfied, three staff responded as undecided and one staff responded as unsatisfied.

Comments made by staff were shared with the operations manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in regard to care planning in respect of the management of residents’ pain and discomfort, weight and the management of night checks.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager, residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Other systems of communication included, residents' meetings and visits by the registered provider.

The manager reported that a consultation with residents about the quality of care and environment was planned to take place during November 2018.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in individualised meaningful activities. These included trips out shopping, out for lunch or dinner, gardening, board games, bowling, baking and nail care. Three residents went out for lunch on the day of the inspection. The manager reported that there are plans to order a pool table in the next few weeks and to have wi-fi installed soon. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff spoken with during the inspection made the following comments:

- "We promote their independence.....The food is pretty good, there are good choices." (staff)
- "They all say they value getting out, to the cinema, crazy golf and Streamvale." (staff)
- "Sometimes I go (to residents' meetings). They are okay." (resident)
- "It's nice, I like the chicken dinner....I do jigsaws." (resident)
- "I enjoy the tv. Staff are okay. They are kind.....The food is dead on, I'm happy enough." (resident)

Seven completed questionnaires were returned to RQIA from a resident’s representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to activities, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of a sample of accidents and incidents confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. An audit of accidents and incidents was undertaken every four months. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example, the manager had completed training in difficult conversations, recruitment and selection and an introduction to management. The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. Discussion took place with the manager and following the inspection with the operations manager in regard ensuring that robust governance arrangements are in place and in respect of the two reports that had not correctly recorded that some fire safety checks had not been completed. The operations manager gave assurances that she would follow-up this issue with all monitoring officers.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff largely confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Several returned staff questionnaires raised issues in regard to the current system of allocating annual leave; one staff member raised an issue in regard to managers contacting staff when they are off on sick leave. These are management issues; the comments were shared with the operations manager who gave assurances that she would follow-up and address with staff at a staff meeting. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager confirmed that arrangements are in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did collect equality data on residents and the manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

A resident and staff spoken with during the inspection made the following comments:

- “It’s a high standard home and is managed well.” (staff)
- “I can go to the manager, but I’ve nothing to complain about. Yes it is (a well-run home).” (resident)

Seven completed questionnaires were returned to RQIA from a resident’s representative and staff. A resident’s representative described their level of satisfaction with this aspect of care as very satisfied, one staff was satisfied, one staff was undecided, three staff were unsatisfied and one staff was very unsatisfied.

All comments were shared with the operations manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement.

Areas for improvement

No areas for improvement were identified following the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Arlene Kerr, Manager and following the inspection, with Anne Campbell, Operations Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20.(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall review the numbers of senior support workers employed in the home to ensure that they are employed in sufficient numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered manager has reviewed the senior support staffing level and has identified a shortfall of 0.50WTE. This has been brought to the attention of the Service Manager for resourcing.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 27(4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken in the home in respect of:</p> <ul style="list-style-type: none"> • the practice of wedging fire doors ceases and a review is undertaken to identify the need for hold open devices linked to the fire alarm • monthly checks of fire-fighting equipment and emergency lighting are undertaken on a regular and consistent basis <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: In response to this area of improvement, the Acting Manager has ensured adequate precautions against the risk of fire have been taken</p> <p>The practice of wedging fire doors has ceased</p> <p>Estates have been contacted to carry out a review to assess the need for hold open devices linked to the fire alarm.</p> <p>Checks on fire fighting equipment and emergency lightening are undertaken monthly.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.3 (N29)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall:</p> <ul style="list-style-type: none"> • Review the design and suitability of two identified showers in the home to ensure that resident's needs can be met <p>Ref: 6.4</p>
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<p>1 January 2019</p>	<p>Response by registered person detailing the actions taken: In response to this area of improvement, the Acting Manager has logged with Estates Services that the design and suitability of the 2 identified showers needs to be reviewed to ensure resident's needs are met. Any recommendations from this review will be prioritised in line with Trust Estates plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2019</p>	<p>The registered person shall ensure that a care plan is in place following the completion of a needs assessment in regard to:</p> <ul style="list-style-type: none"> • The identification and management of pain and discomfort • The management of residents' weight in line with current best practice • The management of night checks, to address issues raised by staff and noted in the report <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, the Acting Manager has communicated to staff that the section on pain management within the care plans must be completed fully.</p> <p>Acting Manager has introduced the weighing of residents on admission and discharge, who are admitted for a week or longer.</p> <p>There is a process in place to manage night checks. All residents have had the opportunity to decline night checks if they wish as per their Human Rights. All documentation is in place. This will be reviewed as service users are admitted.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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